

Dual Eligible Stakeholder Meeting
Monday February 6, 2012 1:00 pm– 4:00 pm
Large Conference Room
208 Hurricane Lane, Williston

Present: Present: Jeanne Hutchins, FAHC and PACE, Janet Dermody, VCIL; Ron Cioffi, RAVNA; Sara King, RAVNA; Marlys Waller, VT Council of DMHS; Julie Tessler, VT Council of DMHS; Brendan Hogan, Bailit Health; Devon Green, VT Legal Aid; Peter Cobb, VAHHA; Chrissie Racicot, HP; Ed Upson, Clara Martin; Betsy Davis, SASH; Walter Leutz, Brandeis University; John Pierce; Lori Collins, DVHA; Sam Liss, SILC; Dennis Houle, Lamoille; Laura Driscoll; Carrie Hathaway, DVHA; Leslie Wisdom, Div. Rate Setting; Tara Pace, FAHC; Nancy Eldridge, Cathedral Square; Al Frugoli, CCS; Trinka Kerr, VT Legal Aid; Margaret Joyal, WCMHS, Julie Trottier, Cathedral Square, Dennis Houle; Andy Bachand, KBS; Harold Nadeau, VCIL, Sam Liss, SILC; Ron Debellis, ACP; Joy Chilton; Leslie Wisdom, Rate Setting; Shannon McCabe; Rita Laferriere; Sam Abel-Palmer, VT Legal Aid; Beverly Boget, VNA/Chittenden; Larry Goetschius, Addison Home Health; Laura Pelosi, VHCA; Michael Benvenuto, VT Legal Aid, Dion LaShay, Consumer; Deborah Lisi-Baker, Consultant; Susan Besio; PHPG, Mark Larson and Julie Wasserman, Duals Project

1) Timeline for VT's Dual Eligible proposal submission

Mark Larson described the tight timeline for VT's CMS proposal submission on May 10, 2012 which includes a 30-day comment period prior to submission. The proposal requirements will be sent to all Stakeholder members and posted on the Duals website. "Savings" will be subtracted from the initial payment to VT and will be shared among the three entities (CMS, State, DVHA). Discussion of "savings" versus "cost avoidance". Savings need to be linked to implementation strategies with the risk borne by the State. CMS requires that all Medicaid State Plan benefits and all Medicare benefits be covered. The 2008 table of Dual Eligible services by cost and percent will be sent out to all Stakeholder members. 2010 data is forthcoming.

2) Grievance and Appeals Subgroup

A workgroup is being formed to look at CMS guidelines in the context of the current and preferred grievance and appeals process. Legal Aid and lawyers from the AG's office will participate. The final proposal will be brought back to the Stakeholder Group.

3) Possible Methods of Reducing/Controlling Expenditures for the Dual Eligible Demonstration Project (Handout was reviewed)

- a) Pharmacy: A Pharmacy Workgroup is looking at potential savings. A nursing facility concern is that extended release drugs are covered by Medicare but not Medicaid. Other

things are covered by Medicaid and not Medicare. VT needs to have a good medication management system to track beneficiary use of prescriptions, polypharmacy, etc.

- b) Telemedicine can be a mechanism for savings (vitals at home)
- c) Improved self-management to enhance a person's role in their own health care.
- d) Duplication of services is identified when integration occurs. To provide integration you need a good comprehensive assessment which drives the service plan.
- e) Administrative savings will accrue through efficiencies.
- f) CMS is looking for new ways of providing more integrated care. Savings can accrue from improved integration, coordination and prevention efforts.

Comments included the following:

System needs more community crisis supports, improved supply of personal care attendants and respite services; removal of hospital 3-day qualifying stay for nursing facility admissions; use of nurse practitioners in nursing homes; and a sound approach to swing bed/nursing home bed use.

The State needs to be clear on PMPM payment rates as it relates to level of functional need.

Send all comments and ideas for "savings" to Julie Wasserman

Julie.Wasserman@ahs.state.vt.us